

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

SACRAMENTO, CA 95814

(916) 445-1912



January 6, 1987

TO: All County Welfare Directors  
All County Administrative Officers

Letter No.: 87-1

SUBJECT: VOLUNTARY REPAYMENT COLLECTIONS

The purpose of this letter is to thank County Welfare Office staff for their cooperation in referring potential voluntary repayments to the Medi-Cal program and to provide a reminder of procedures for such referrals.

The voluntary payment program, which comprises repayments from alien sponsors as well as spenddown of excess assets for long-term care residents, has been very successful largely due to the efforts made at the County level. The following data indicates the rising trend in collections since the 1980/81 fiscal year:

## Collections

1980/81	\$ 729,330
1981/82	1,158,332
1982/83	1,314,369
1983/84	1,393,106
1984/85	1,464,023
1985/86	1,664,017

The cost effectiveness of collecting voluntary repayments is very high. While the average state time spent on all voluntary cases during a month is 58 hours, the average collection per month is \$138,668.00 (based on FY 1985/86). This computes to \$2,370 collected per work hour.

The guidelines for referring voluntary repayments of excess personal property reserves for persons in long-term care are stated in Article 16E of the Medi-Cal Eligibility Manual and are summarized below:

## 1. Long Term Care Residents

- a. If a Medi-Cal beneficiary in long-term care wishes to use the voluntary repayment process, the county worker should notify the General Collection Section by telephone (1-800-238-3377). The notification must include:

- c. Beneficiary name
  - o Social Security number
  - o Date of birth
- o Medi-Cal number
- o Long-term care facility name
  - o Address
- o Name of person acting in beneficiary's behalf, if applicable.
  - o His/her address
  - o Amount of excess property
  - o Reason for excess property
- b. The General Collection Section will, in turn, assign a case number.
- c. The county worker shall notify the beneficiary or the person acting on his/her behalf and the long-term care facility of:
  - o The General Collection Section case number which is to be included on all correspondence with the Department.
  - o The amount which must be paid voluntarily to reduce the property within the property limit.
  - o The address where the repayment check should be sent:

Department of Health Services  
General Collection Section  
P.O. Box 2946  
Sacramento, CA 95812
  - o Upon notification by the beneficiary or person acting on his/her behalf that the voluntary repayment has been made, recompute the property status of the beneficiary.
  - o The effective date of the voluntary repayment is the date the payment is sent; i.e. postmarked.

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2. Alien Sponsors

Immigration and Naturalization Service (INS) may refer aliens to the County Welfare Departments to determine whether the person or a family member has ever been eligible for Medi-Cal. If so, the case should be referred by the county worker to DHS to determine if there were Medi-Cal payments using the above-stated toll-free telephone number. As a condition of immigration, an alien may not enter the United States as a public charge so any payments made by Medi-Cal must be repaid in full before INS will authorize residency for an alien.

If you have questions regarding the procedures involving the voluntary payment program, please refer to the Medi-Cal Eligibility Manual or call the General Collection Section at (800) 238-3377.

Sincerely,

Original signed by

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons  
Medi-Cal Program Consultants

Expiration Date: December 31, 1987